

### DSAT Quarterly Activity Report

Agency/Institution: \_\_\_\_\_

Quarterly Report Dates: ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> Timeframe: \_\_\_\_\_

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1) Number of CSA's completed: \_\_\_\_\_

2) Number of CA's completed: \_\_\_\_\_

3) Total Number of Current DSAT clients: \_\_\_\_\_

Drug Court \_\_\_\_\_ Community Corrections \_\_\_\_\_ Other \_\_\_\_\_

4) Number of clients active in DSAT groups:

Level 1 \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_

Level 2 \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_

Level 3 \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_

Level 4/4+ \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_

5) Number of active DSAT groups:

Pre-Treatment \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

MET \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

Intensive \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

Maintenance \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

6) Number of clients that have been discharged from DSAT treatment:

\_\_\_\_\_ completed intensive phase

\_\_\_\_\_ completed maintenance phase

\_\_\_\_\_ other reasons (please specify)

7) Number of clients active in Aftercare \_\_\_\_\_

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Comments: